

Name In Full

Certificate of Death

Ida May Anderson

Town

County

Died at Hunt Island Green Anne

MARYLAND

Date 1902 Apr. 11<sup>th</sup> Month Day Y. M. D. Native of Hunt Island Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Saml. H. Anderson

Mother's

Name

Maiden Name

Mary E. Zull

Cause of

Primary

Tuberculosis

How long sick

Seven weeks

Death

Immediate

Debility

Accident, Suicide, Homicide

Reported by

Address

Dr. J. P. Barton  
 Hunt Island

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town  
Barclay

County

L. A.

MARYLAND

Date 1902

Month

Day

4 23

Y.

M.

D.

Age

26 yrs

Native of

Md

Occupation

Mechanic

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Consumption

How long sick

About one year

Death

Immediate

Accident, Suicide, Homicide

Reported by

Jas. Abraham

Address

Ingle side Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Thomas Coursey

Town

County

Died at

MARYLAND

Date 19

02

Month

4

Day

11

Y.

M.

D.

Age

60

Native of

Occupation

Talbot. Farming

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living 2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

2 months

Death

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Died at *Kent Island* *Queen Anne* *MARYLAND*  
 Town County  
 Date 19*02* Month *4* Day *5* Age *8* Y. M. D. Native of *Kent Island* Occupation *Infant*  
 Male *White* Married *Widow* Divorced *Number of children living*  
 Female *Colored* Single *Widower*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

*3 days*

Accident, Suicide, Homicide

Reported by

Address

*104*  
*Wm. Deedon* *Frances Blake*  
*Hugh A. Legg*  
*Kent Island, Md.* *Undertaker.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Died at *Almond* *Union*  
 Town *Inneside* County *P. A.* *MARYLAND*  
 Date 19*02* *Apr.* *2* | Age *32* *11* *23* | Native of *Pa* | Occupation *House woman*  
~~Male~~ *White* | ~~Married~~ | ~~Widow~~ | ~~Divorced~~  
~~Female~~ ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living  
 Husband of *Mr. Libbs*  
 Wife  
 Father's Name  
 Mother's Maiden Name *Fannie Reese*  
 Cause of Death { Primary *Cancer* | How long sick *45* *9 months*  
 { Immediate *Prostration* | Accident, Suicide, Homicide  
 Reported by *L. E. Graham M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mar



Name In Full

Certificate of Death

James Gibbs  
 Died at Rich Neck <sup>Town</sup> ~~Rich Neck~~ <sup>County</sup> ~~Rich Neck~~ <sup>Queen Anne's</sup> MARYLAND  
 Date 1902 <sup>Month</sup> Apr <sup>Day</sup> 15 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> Age 70 <sup>Native of</sup> Queen Anne's <sup>Occupation</sup> Laborer  
 Male ~~Female~~ ~~White~~ <sup>Colored</sup> ~~Married~~ <sup>Single</sup> ~~Widow~~ <sup>Widower</sup> ~~Divorced~~ Number of children living 2

Husband of Emily Gibbs  
 Wife  
 Father's Name Unknown Mother's Maiden Name Unknown  
 Cause of Death { Primary Pneumonia 93 about 6 days  
 Immediate Pneumonia  
 How long sick  
 Accident, Suicide, Homicide

Reported by H. Benge Simmons  
 Address Chestertown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Willie Glasco

Died at <sup>Town</sup> Kent Island <sup>County</sup> Queen Anne's MARYLAND

Date 19 02 April 27 Age 2 1/2 Native of Kent Island Md Occupation None

Male White Married Widow Divorced None

Female Colored Single Widower Number of children living None

Husband of

Wife

Father's Name Jacob Glasco <sup>151</sup> Mother's Maiden Name Marthy Shetz

Cause of Death { Primary Throat went thick How long sick 6 days

Death { Immediate sk it Accident, Suicide, Homicide

Reported by Jacob Glasco Father of childAddress Kent Island 24 bed MA

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Jane Green

Town

County

Died at

Hope Queen Anne

MARYLAND

Date 1902 April 12 Month Day Y. M. D. Age 73 Native of Md Occupation Housewife  
~~Male~~ White Married Widow Divorced  
Female Colored Single Widower Number of children living two

~~Husband~~ of Stansbury Whitely  
 Wife Stansbury Whitely Mother's  
Name Maiden Name

Cause of Primary Consumption How long sick 10 years  
Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by

Walter H Fenby  
Address Ruthsburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Impression



Name in Full

Emily C. Harrison

Town

County

Died at near Centerville

Zucca Creek

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1902

4

24

Age

82

N.J.

none

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Zed Harrison

Mother's

Name

Cause of

Primary

Chronic Interstitial Nephritis

How long sick

7 or 8 yrs

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

J. M. Harrison M.D.  
Centerville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Zucca Creek Co.



Barney Hutchens

Died at *New Carmichael* Town *Queen Anne's Co* County *MARYLAND*

Date 19 *02* Month *April* Day *17* Y. *2* M.  D.  Native of *Ireland* Occupation

Male *White* Married  Widower  Divorced  Number of children living

~~Female~~ *Colored* ~~Single~~

Husband of

Wife

Father's Name *Barney Hutchens* Mother's Maiden Name *Fanny Keys*

Cause of Death { Primary *Pneumonia* Immediate *Asphyxiation* } How long sick *7 days* Accident, Suicide, Homicide

Reported by *Chas Cockey*

Address *Queen Anne's Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town *Churchoville* County *Queen Anne* MARYLAND  
 Died at  
 Date 19 *22* *April* *8* Month Day Y. M. D. Age *74 1/2* Native of Occupation  
 Male White Married Widow ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

*J. H. W. G. Weddon*  
*Churchoville* *Indo*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Country

John et al

Name In Full

Certificate of Death

Name In Full *Thomas Johnson*  
 Died at *Ashland* Town *Queen Anne's* County *MARYLAND*  
 Date 1902-*Apr* *25* Month *Apr* Day *25* Y. *16* M. *-* D. *-* Native of *Queen Anne's* Occupation *-*  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☒ Widower ☐ Divorced ☐ Number of children living *0*  
 Husband of *-*  
 Wife *-*  
 Father's Name *-* Mother's Maiden Name *27*  
 Cause of Death { Primary *Constitutional weakness* Immediate *Tuberculosis* How long sick *Cent Day*  
 Accident, Suicide, Homicide *-*  
 Reported by *12 Local 2000*  
 Address *Centreville*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

D. S. Jones

Town

County

Died at

MARYLAND

Winchester Lenoir

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

23

Age

65

Md

Systemman

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Scott

D. S. Jones

D. A. Jones

Elizabeth Jones

Cause of

Primary

Chronic Granuloma

How long sick

4 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Howard R. Hopkins

Address

Lenoxton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Md

LIBRARY BUREAU, 70508

1

2



May Kirwan

Died at <sup>Town</sup> Kent Island <sup>County</sup> Queen Anne MARYLAND

Date 19 <sup>02</sup> <sup>4</sup> <sup>14</sup> Month Day Y. M. D. Age 24 11 Native of L.A. Co. Occupation

~~Male~~ White Married ~~Widow~~ Divorced  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Lemuel Kirwan  
 Wife  
 Father's Name Samuel Golt Mother's Maiden Name Mary Thompson

Cause of Primary Tuberculosis How long sick 18 mo.  
 Death Immediate Debility Accident, Suicide, Homicide

Reported by Hugh A. Legg (Undertaker)  
 Address Kent Island, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Ellen L Mansfield

Town

Fords Shore

County

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Occupation

Date 19

02 April 8

Age

55

H Labbot

Housework

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's  
Maiden Name

Elen L Lane

How long sick

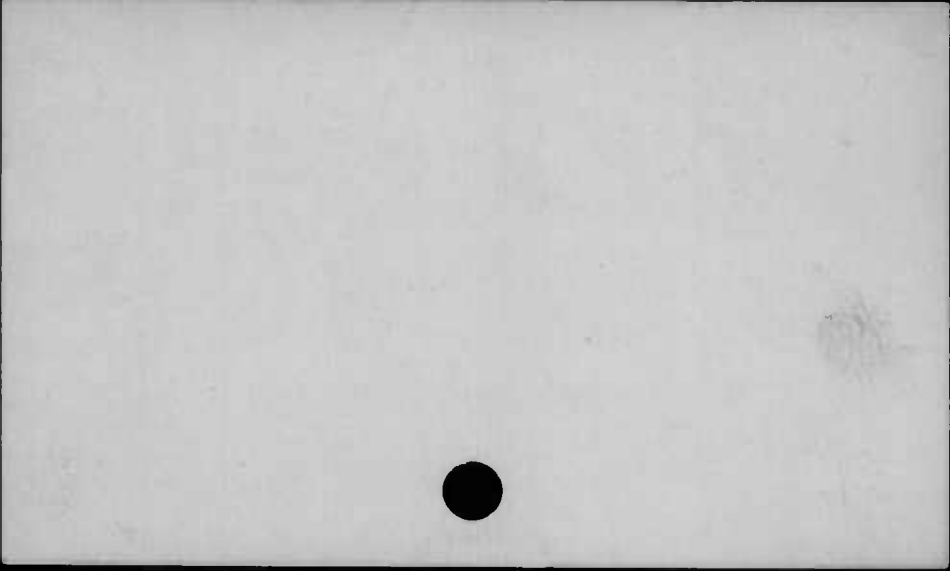
year  
three 11 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

*Aracelia Belle Massey*

Town

County

MARYLAND

Died at

*Haydens Queen Anne*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

April

6-

Age

11

-

M &amp;

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Acute Ileo Colitis*

How long sick

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

*G. S. Dudley M.D.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Church Street  
Quincy



Name in Full

Certificate of Death

Ellis Mitchell

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

Age

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

*J. Frank Morgan*  
 Died at *Centerville* County *St Co.* MARYLAND

Date *1902* Month *4* Day *16* Y. *74* M. *74* Native of *Mad. Blasteren* Occupation  
 Male *White* Married *Widow* Divorced  
 Female *Colored* Single *Widower* Number of children living *5*

Husband of \_\_\_\_\_  
 Wife of \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Mother's Name *Lucy*

Cause of Death { Primary *Arteriosclerosis* How long sick *Six months*  
 Immediate *Cerebral hemorrhage* Accident, Suicide, Homicide

Reported by \_\_\_\_\_  
 Address *1205 Broadway and Centerville - Md*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Sadie Morris

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

April

16

Age

19

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Information from  
John Moody  
Brother in law  
Hope  
Mol

Name in Full

Certificate of Death

William Thomas Martin

Town

County

Died at New Church Hill Md.

MARYLAND

Date 1902 April 6. Month Day Y. M. D. Native of Md. Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

1 week

Death

Immediate

Prostration

Accident, Suicide, Homicide

Reported by

J. C. Dudley M.D.

Address

Church Hill Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Church of Jesus  
and Mary

---



Name in Full

Certificate of Death

Name in Full *Gertrude Lora O'Neill*  
 Town *Jackson Creek* County *Queen Anne's*

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

*Apr**17*

Age

*26*~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~

Widower

Number of children living

*Two*

Husband of

*Constantine*

Wife

*O'Neill McNeal*

Father's

*Wm Bonnell*

Mother's

*Catherine*

Name

Maiden Name

Cause of

Primary

*Pneumonia*

Death

Immediate

*Tuberculosis*

How long sick

*6 months*

Accident, Suicide, Homicide

Reported by

*Dr. Dr. Beall MD*

Address

*Ford Store Rd Queen Anne's*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79802



Name in Full

Certificate of Death

John H. Primrose

Town

County

Died at Near Centerville, Green Anne

MARYLAND

Date 1902 4 5 | Age 24 | M. D. | Native of Md. | Occupation Farm hand

Male ~~Female~~ | ~~White~~ | Married | ~~Widow~~ | Divorced | Number of children living One

Female | Colored | Single | Widower

Husband of Annie Blake

Father's Name Henry Primrose | Mother's Maiden Name

Cause of Death { Primary Consumption ✓ | Immediate

How long sick 5 months.

Accident, Suicide, Homicide

Reported by Jos. G. Dawson, Undertaker

Address Centerville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Information given by Mr. Grinnose.  
brother of deceased

Centerville  
Maryland.

Town

County

Name in Full *Robert Scott*  
 Died at *near Mye Mills* *Queen Anne* *MARYLAND*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19*62* *4* *20* Age *75* *MD* *Farmer*

Male

~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

*one*

Husband of

Wife

Father's

Mother's

Name

Maiden Name

*not known* *not known*  
 Cause of Death { Primary *Influenza* *not*  
 Immediate *Phthisis* *not*  
 How long sick *one year*  
~~Accident, Suicide, Homicide~~

Reported by

Address

*Howard, R. Hopkins.*  
*Queenstown, MD.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Lanna Kent Sherbrooke

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

4

7

Age

62

Md

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Arterio-Sclerosis

How long sick

3 months

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

J. M. K. Sherbrooke  
Cecilville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966





Name in Full

Certificate of Death

Robert Short Jr.

Died at

New Town  
Centerville

County

Q. &amp; C.

MARYLAND

Date

1902

Month

Day

4 24

Age

31

Y.

M.

D.

Native of

Md

Occupation

Butler

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robert Short

Mother's

Name

Sarah Short

Cause of

Primary

Tuberculosis

How long sick

Six months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Jas Fordley, MD  
Centerville  
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1898



Sarah Ann Skinner

Died at <sup>Town</sup> Kent Island <sup>County</sup> Queen Annes — MARYLAND

Date 1902 <sup>Month</sup> Apr <sup>Day</sup> 9 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Age</sup> 85 yrs <sup>Native of</sup> <sup>Occupation</sup> ~~Child Invalid~~  
~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
<sup>Female</sup> ~~Colored~~ ~~Single~~ ~~Widow~~ <sup>Number of children living</sup> 1

~~Husband~~ of Richard W. Skinner  
 Wife  
 Father's Name Samuel Austin Mother's Name Elizabeth Newnan

Cause of Death { Primary Senility 154 How long sick 2 months  
 Immediate Exhaustion & Paralysis ~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp M.D.  
 Address Kent Island ~~Child~~



Name in Full

Certificate of Death

Wilbard Squaires

Died at <sup>Town</sup> *McGinnies* <sup>County</sup> *Lees & Jones*

MARYLAND

Date *1902* <sup>Month</sup> *April* <sup>Day</sup> *27* <sup>Y.</sup> *1902* <sup>M.</sup> *3* <sup>D.</sup> *115* <sup>Native of</sup> *USA* <sup>Occupation</sup>

Male

White

~~Married~~~~Widow~~

Divorced

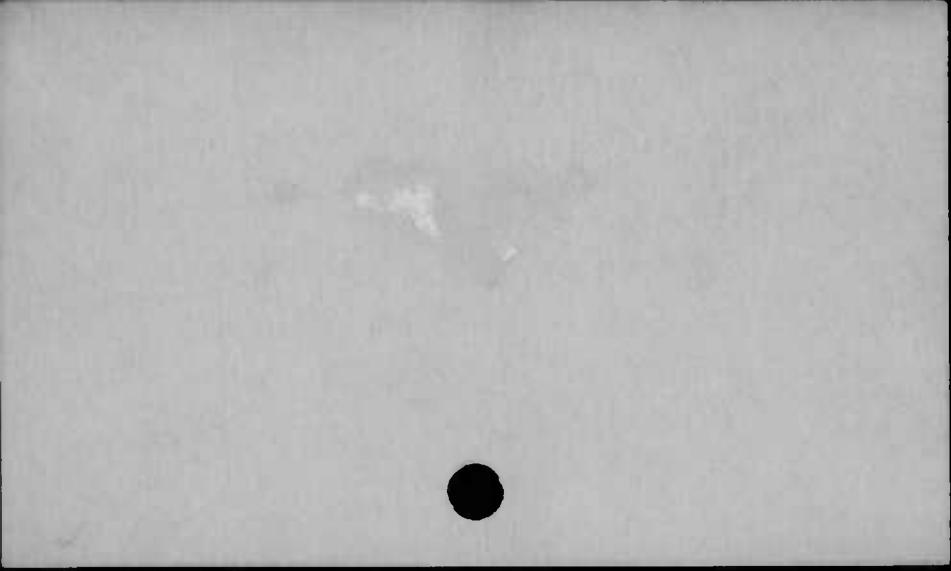
~~Female~~~~Colored~~

Single

~~Widower~~Number of children living *none*Husband of ~~*John Squaires and Bertha Squaires*~~Wife of ~~*John Squaires and Bertha Squaires*~~Father's Name *John Squaires* Mother's Name *Burthey Prince*Cause of Death { Primary Immediate *Yellow jaundice* How long sick *2 days*Death { Immediate *Yellow jaundice* Accident, Suicide, HomicideReported by *Wm J Miller Undertaker #14*Address *Campston Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



James W. Thomas

Town

County

MARYLAND

Died at New Cumpetoo

L. a. Co.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 19

Age

Unknown

Unknown

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Never saw until 16th week, found him suffering from Cordial asthma with Emphysema &amp; Cerebral

How long sick

Don't know probably several years

Death

Immediate

Suffered by heart trouble &amp; asthma (H. B.)

Accident, Suicide, Homicide

Reported by

J. H. M. S. Wadsworth

I was not his Physician and have the only report what I can gather

Address

Charles Kille, M. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Pile



Name in Full

Certificate of Death

Hester Tolson

Died at

Crittville

County

A. Ames

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr 16

Age 15-14

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Jacob Tolson

Mother's

Maiden Name

Sallie Clayton

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

H. D. Gray - M.D.  
Crittville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

